



Agency Contract Claim for Reimbursement

FIRST AND FINAL CLAIM

Contractor

Contract Number

Street Address

City, State, Zip Code

Every 15 Minutes Program Coordinator

Project Description

Teen Choices 3 Grant, Project Number AL10111
Every 15 Minutes Program

Maximum Amount Payable By This Grant
\$9,999.99

Actual Amount Being Claimed
\$

Itemized Listing of Expenses (attach copies of all invoices/receipts)

Note: A cover letter on Contractor's official letterhead must be included.

Item	Amount

Contractor's Signature

Date

Title

Please return this document along with other required documents noted in the contract to:

California Highway Patrol
Research and Planning Section
Teen Choices 3 Grant Project Coordinator
P. O. Box 942898
Sacramento, CA 94298-0001